

STANDARD CERTIFICATE OF DEATH

State File No. 42701
10918

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2269			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) 40 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ENROUTE-TO-CITY-HOSPITAL				26 STREET ADDRESS (If rural, give location) 1907 MADISON-ST.			
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) FREDERICK c. (Last) POLZ.			4. DATE OF DEATH (Month) (Day) (Year) 12-21-1950				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED!		8. DATE OF BIRTH SEPT. 18TH 1896	
9. AGE (In years last birthday) 54 YRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) METAL-BUFFER.		10b. KIND OF BUSINESS OR INDUSTRY SINCLAIR-IND. INC.		11. BIRTHPLACE (State or foreign country) GERMANY. 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME IGNATIUS-POLZ.		13b. MOTHER'S MAIDEN NAME UNKNOWN.		14. NAME OF HUSBAND OR WIFE CHARLOTTE. POLZ.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES.		16. SOCIAL SECURITY NO. WORLD-WAR. #1. 497-07-2023		17. INFORMANT'S SIGNATURE OR NAME Charlotte Polz		ADDRESS 1907 Madison St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY-THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC-GASTRITIS INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-9-1950	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201					
22. I hereby certify that I attended the deceased from JAN-1949 to 12-9-1950, that I last saw the deceased alive on 12-9-1950, and that death occurred at 7:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. B. Foster				23b. ADDRESS 1901 MADISON-ST		23c. DATE SIGNED 12-21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-23-1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REG. 21 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. - 1827 Rogers St.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. *410-8*

P. O. Address

St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.